

Fiscal Year 2019 IT Plan

	DHS
	<p>I. Top Five IT Goals – Identify your agency’s top five goals/objectives for utilizing information technology (IT) in FY19. <i>Highlight the cell and use the drop-down menu. If you choose "Other," please provide a brief explanation in the rows below Item I (expand or add to those rows as needed).</i></p>
1	Application modernization efforts
2	Application modernization efforts
3	Implementation of major legislative directive (provide brief description below)
4	Major legacy system replacement project(s)
5	Other (see explanation below)
	Place any additional explanation(s) below.
	<p>a. Medicaid Management Information System (MMIS) b. Electronic Health Records (EHR) c. Public Health Accreditation d. CARS Replacement Project – GEARS e. VoIP (Voice over Internet Protocol) Implementation</p>
	<p>II. DET Services – Based on the top five IT goals cited above, which DET services might your agency utilize more in FY19? <i>Highlight the cell and use the drop-down menu to choose the DET service category.</i></p>
1	Security Services
2	Telecommunications Services
3	
	<p>Which DET services might your agency utilize less in FY19? <i>Highlight the cell and use the drop-down menu to choose the DET service category.</i></p>
1	
2	
3	
	<p>What type of services might your agency be interested in purchasing from DET that are not currently offered? <i>Key in your responses in the cells below -- add rows if necessary.</i></p>
1	
2	
3	
	<p>III. Million Dollar-Plus Projects – Show all your agency’s IT projects expected to cost \$1 million or more. (\$1 million is the statutory threshold for reporting to the Legislature on IT projects, e.g., Wisconsin s.16.973(16), stats.) This includes projects that are starting, ongoing or ending anytime between July 1, 2018 and June 30, 2019. Include all types of IT projects (not just application development).</p> <p><i>For each million dollar-plus project, complete the table in the "Project Information" tab below. Copy and paste the blank table as many times as you need within that worksheet.</i></p>
	<p>IV. Additional Issues/Activities (OPTIONAL) – Identify and explain issues or other activities not described already that are influencing, or could influence, successful execution of your agency’s IT plan. Include any issues or activities about which DOA/DET should be aware and could possibly be of assistance. You can also use this space to elaborate further on any of your choices shown in items I and II above. <i>Respond below and expand that cell as large as it needs to be to contain your response.</i></p>
	<p>The challenges DHS experiences attempting to get timely and adequate quality security services from DET creates significant risk for many core DHS environments such as CARES and DPH systems. DHS need DET to invest time and leadership in this area to more effectively provide value to DHS.</p>

Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	Facilities Electronic Health Records (EHR) System		
New project or ongoing? Use drop-down menu to the right.	Ongoing		
Project Description: Provide in the space below; expand the cell if needed.			
<p>The seven facilities currently rely on a combination of paper records created in Word and Excel, legacy software, and information stored largely in stand-alone MS Access databases to document and manage patient care. This antiquated approach to managing patient information creates significant inefficiencies, potential data security concerns, lost opportunities to enhance the quality of patient care, and could begin to create potential accreditation and compliance issues for the facilities that are licensed and/or receive federal funding. Facilities report that with the days of faxing records rapidly fading, the primary means of communicating with health care providers in regard to emergency admissions to an ER, admissions to DHS facilities, coordination of health care while the person is in a DHS facility and at time of discharge, is with the inter-connectivity of EHRs.</p> <p>None of the facilities has the capacity to create an exchangeable electronic health record, which is a foundational expectation of all health care facilities. The 2013-15 biennial budget appropriated annually \$3.5 million all funds, starting in FY 2014-15, to fund the implementation of an EHR.</p> <p>Consequently, DHS and the seven facilities completed an intensive planning, procurement, and implementation project to significantly modernize the health information technology of the facilities. The purpose of implementing an EHR is to collectively capture critical patient care data across all seven facilities, increase efficiencies among staff, standardize common processes, and create an electronic health record for each patient. This will allow DHS to improve the quality of patient care, easily share patient data securely with internal and external providers, and offer better opportunities for measuring patient care outcomes.</p> <p>Cerner was awarded the contract as the EHR system vendor in Q1 2017. Contract negotiations were completed and the project kicked off in Q3 2017. An EHR system implementation consulting services contract was awarded to PCG in Q2 2017.</p>			
Expected Project Start:	July 2014		
Expected Project Completion:	Q2 2020		
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Web		
	If "Other" was chosen above, please explain in the cell below.		

Application Type: <i>Indicate all that might apply using the drop-down menu to the right.</i>	Vendor managed/hosted	
	Software as a Service (SaaS)	
	<i>If "Other" was chosen above, please explain in the cell below.</i>	
Business Sponsor:	Patrick Cork	
Division:	DCTS	
Is full funding for the project secured? <i>Use drop-down for "Yes" or "No."</i>		Yes
Funding sources for the project:	GPR	\$1.7M annually
	PR	\$1.7M annually
	SEG	\$0
	FED	\$0
Estimated Total Project Cost:		\$33M over 10y
Related projects and dependencies: <i>Provide in the space below -- expand if needed.</i>		
<p>The principle related project and dependency is the major ongoing effort by DHS to upgrade the networks and infrastructures of the seven facilities. A significant portion of the infrastructure of most facilities is quite antiquated and will not be able to reliably support most modern EHR systems. DHS is working closely with DOA (both DET and DFD) on a closely linked companion project to upgrade and modernize the infrastructure capacity to support an EHR system. DHS was provided the authority to access the facilities' Program Revenue fund balances to fund virtually all remaining infrastructure upgrade work.</p>		
Issues or challenges that may influence successful execution of the project: <i>Provide in the space below -- expand if needed.</i>		
<p>Issues that could affect the outcomes are:</p> <ul style="list-style-type: none"> a. Adequate staff resources to lead and support the project. b. Access to EHR industry and systems expertise. c. Timely completion and implementation of infrastructure upgrade/modernization of plans and projects. d. Sufficient time of essential business staff, especially clinical and other facility staff, to be able to dedicate to the project and still allow the facilities to have adequate staffing available to provide the high-quality care they remain dedicated to providing. 		

Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	IRIS Self-Directed Information Technology System (ISITS)		
New project or ongoing? Use drop-down menu to the right.	Ongoing		
Project Description: Provide in the space below; expand the cell if needed.			
<p>The “Include, Respect, I-Self Direct” (IRIS) Medicaid Home and Community-Based Waiver Program provides long-term care services to adults who have physical disabilities, developmental disabilities, or who are frail elders.</p> <p>Care Management (CM) System: Currently there are over 15 different noninterfaced systems used to collect and process information for the IRIS program. Other states with similar programs have implemented a comprehensive system or interfaced systems that include all functions needed to deliver the program. Wisconsin has issued an RFP for a comprehensive participant and case management system to support the program. The RFP was successful and Iron Data the selected vendor. Implementing the selected system will include data cleansing, system development, system configuration, and extensive training. The implementation will be done with a phased approach, each phase leveraging development done in the previous phase. This began with the July 2015 implementation of the vendor’s core system with DHS-specific modifications, and then incrementally built upon. The project also includes the evaluation and modification of existing processes, policies, guidelines, and documents.</p> <p>The Core ISITS System was successfully launched on June 29, 2015. DHS continues to research, develop, and implement enhancements and internal controls in the ISITS platform. In the fourth quarter of calendar year 2015, Iron Data merged with MicroPact and the companies assumed the MicroPact name. As part of this conversion, MicroPact has proposed to move the ISITS system from the current Iron Data Intelligent Case Management (ICM) platform to a more technologically advanced platform called Entellitrak.</p> <p>As of August 28, 2017, DHS has implemented the new Entellitrak platform and currently supports users from 13 contracted IRIS agencies. Additionally, DHS/OIG and DOJ also have access to the centralized system for program quality monitoring and access to IRIS data. In 2018, DHS will begin the next phase of the project, which will include development of the remaining functional areas. Enhancements will also include automation, workflow validations, and the</p>			

creation of system interfaces, which will yield cost efficiencies and increased program integrity. DHS continues to receive enhanced funding (90/10 FMAP) through the Centers for Medicare & Medicaid Services via Advanced Planning Document Updates. Once interfaces are completed, DHS will seek CMS certification for the system, which will allow for a 75/25 Enhanced FMAP for ongoing annual hosting and maintenance costs.

Expected Project Start:	April 2014	
Expected Project Completion:	September 2024	
Application Platform: <i>Indicate all that might apply using the drop-down menu to the right.</i>	Web	
	<i>If "Other" was chosen above, please explain in the cell below.</i>	
Application Type: <i>Indicate all that might apply using the drop-down menu to the right.</i>	COTS	
	Vendor managed/hosted	
	<i>If "Other" was chosen above, please explain in the cell below.</i>	
Business Sponsor:	Betsy Genz	
Division:	DMS	
Is full funding for the project secured? <i>Use drop-down for "Yes" or "No."</i>		Yes
Funding sources for the project:	GPR	\$640,000
	PR	\$0
	SEG	\$0
	FED	\$5,760,000
Estimated Total Project Cost:		\$6,400,000
Related projects and dependencies: <i>Provide in the space below -- expand if needed.</i>		
Potentially related systems and projects include Wisconsin Provider Management, Electronic Visit Verification (CURES Act), and Eligibility and Enrollment Streamlining.		
Issues or challenges that may influence successful execution of the project: <i>Provide in the space below -- expand if needed.</i>		
Concurrent projects and day-to-day work activities for IRIS staff limits resource availability for the project.		

Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	MITA Assessment and MMIS Procurement		
New project or ongoing? Use drop-down menu to the right.	Ongoing		
Project Description: Provide in the space below; expand the cell if needed.			
<p>This project initiative will include multiple phases of activities to be performed. During SFY18, DHS is targeting to complete the following work related to the MMIS RFP and MES procurement strategy:</p> <ul style="list-style-type: none"> • Complete contract negotiations with the MMIS supplier and initiate the implementation period for the new MMIS contract by April 2018. • Complete the vendor evaluations and selection, award, and contract with the IV&V Supplier by July 2018. • Obtain CMS approval for the MMIS related EDW & DAR, and PI module RFPs, evaluation, and implementation budget by April and May 2018, respectively. • Obtain CMS approval for the MMIS related Enterprise PMO RFP, evaluation, and implementation budget by October 2018. <p>During SFY19, DHS is targeting to complete the following work related to the MMIS RFP and MES procurement strategy:</p> <ul style="list-style-type: none"> • Complete the vendor evaluations and selection, award, and contract with the IV&V Supplier by July 2018. • Issue the EDW & DAR and PI Module RFPs, complete the vendor evaluations and selection, award, and contract with the selected suppliers. • Issue the Enterprise PMO RFP, complete the vendor evaluations and selection, award, and contract with the selected supplier. • Begin the development of the MES Technical Advisory Services (TAS) RFP. <p>DHS Bureau of Operational Coordination (BOC) is responsible for managing all MMIS efforts for this initiative, including development of the MMIS and module RFPs, evaluation proposal, and implementation budget. BOC's responsibilities include performing project management, business analysis, technical analysis and all quality assurance activities as required by the state.</p> <p>In addition to the MMIS RFP, DHS is also responsible for developing additional related proposals to support the procurements for an Enterprise Project Management Office (PMO) and Independent Verification and Validation (IV&V), as required by CMS.</p>			
Expected Project Start:	April 2013		
Expected Project Completion:	February 2023		
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Web		

	<i>If "Other" was chosen above, please explain in the cell below.</i>	
Application Type: <i>Indicate all that might apply using the drop-down menu to the right.</i>	Vendor managed/hosted	
	<i>If "Other" was chosen above, please explain in the cell below.</i>	
Business Sponsor:	Krista Willing, Marlia Mattke	
Division:	DMS	
Is full funding for the project secured? <i>Use drop-down for "Yes" or "No."</i>		Yes
Funding sources for the project:	GPR	\$1,374,000
	PR	\$0
	SEG	\$0
	FED	\$12,366,000
Estimated Total Project Cost:		\$13,740,000
Related projects and dependencies: <i>Provide in the space below -- expand if needed.</i>		
Resource commitments across many divisions in DHS will be necessary to support the defined project scope.		
Issues or challenges that may influence successful execution of the project: <i>Provide in the space below -- expand if needed.</i>		
a. State and contractor resources needed to implement this project are extensive. b. CMS approval of DHS' procurement strategy, RFP, evaluation proposal, and implementation budget.		

Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	Total Cost of Care (TCoC)	
New project or ongoing? Use drop-down menu to the right.	Ongoing	
Project Description: Provide in the space below; expand the cell if needed.		
Development of a total cost of care financial/data system that will provide a standardized method for calculating and reporting total cost information by members/member characteristics/MA eligibility groups under the ForwardHealth umbrella.		
Expected Project Start:	August 2013	
Expected Project Completion:	January 2019	
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Web	
	Client-Server	
	If "Other" was chosen above, please explain in the cell below.	
Application Type: Indicate all that might apply using the drop-down menu to the right.	Vendor managed/hosted	
	If "Other" was chosen above, please explain in the cell below.	
Business Sponsor:	Krista Willing, Marlia Mattke	
Division:	DMS	
Is full funding for the project secured? Use drop-down for "Yes" or "No."		Yes
Funding sources for the project:	GPR	\$2,419,000
	PR	\$0
	SEG	\$0
	FED	\$2,419,000
Estimated Total Project Cost:		\$4,838,000
Related projects and dependencies: Provide in the space below -- expand if needed.		
<ul style="list-style-type: none"> • Total Cost of Care will be built upon current financial and data systems established and balanced through the Financial Subdivide Project. • BBM(QI)/BFM/AO/BOC/BFS will have fundamental roles in planning and implementation. • Improvements in the cost information of the encounter data are necessary to be able to apply the full potential of analysis capabilities for members in Managed Care. 		
Issues or challenges that may influence successful execution of the project: Provide in the space below -- expand if needed.		
The staffing of sufficient DXC resources experienced in complex projects, and balancing competing project priorities will place pressures on the project.		



Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	Fraud Data Analytics Services	
New project or ongoing? Use drop-down menu to the right.	Ongoing	
Project Description: Provide in the space below; expand the cell if needed.		
<p>In FY17, OIG completed an RFP to procure a vendor for state-of-art analytical tools/services to assist the OIG in detecting patterns or activity that may potentially result in fraud, waste, or abuse to the Wisconsin Medicaid Program and other DHS and state programs. The vendor LexisNexis was awarded the contract, which was executed in FY17 Q3.</p> <p>LexisNexis offers a Software as a Solution (SaaS) suite of tools including Intelligent Investigator, Relationship Matching, Provider Integrity Batch Scan, Beneficiary Integrity Batch Scan, Virtual Special Investigations Unit, and Accurint. Currently four of the products have been implemented and two of products are being validated and tested.</p>		
Expected Project Start:	January 2016	
Expected Project Completion:	TBD	
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Web	
	If "Other" was chosen above, please explain in the cell below.	
Application Type: Indicate all that might apply using the drop-down menu to the right.	Vendor managed/hosted	
	If "Other" was chosen above, please explain in the cell below.	
Business Sponsor:	Lori Thornton	
Division:	OIG	
Is full funding for the project secured? Use drop-down for "Yes" or "No."	Yes	
Funding sources for the project:	GPR	\$250,000
	PR	\$250,000
	SEG	\$0
	FED	\$750,000
Estimated Total Project Cost:		\$1,250,000
Related projects and dependencies: Provide in the space below -- expand if needed.		
MMIS Procurement		

Issues or challenges that may influence successful execution of the project: *Provide in the space below -- expand if needed.*

- a. Funding of the project after FY19.
- b. IT resources.
- c. Quality of the DHS data.
- d. OIG resources.
- e. MMIS procurement.
- f. Flexibility of the vendor solution.

Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	State Vital Record Information System Part 2		
New project or ongoing? Use drop-down menu to the right.	Ongoing		
Project Description: Provide in the space below; expand the cell if needed.			
<p>The State Vital Record Information System (SVRIS) project provides an integrated database of vital records with web-based access to various levels of stakeholders. Part 1 of the project, completed in 2016, provided online processing and certification for birth, fetal death, and accounting records in phase 1; death records in phase 2; and marriage, divorce, and abortion records in phase 3. Part 2 of the project will provide imaging and partial data capture for historical records that currently reside on paper or microfilm. Vital Records has historical data that dates back as far as 1814, with a more complete set of records from 1907 forward, which is when it became state law to submit the records to the state for central registration. The current online SVRIS only contains recent records. SVRIS Part 2 will create a backup image of all paper and microfilm records (many of which currently only the original exists); digital images of records that can be accessed by the online system by query for issuance or information; data capture for an additional number of years that will enable issuance of certificates from the database data rather than from images; and data capture for an additional number of years that will extend statistical analysis.</p> <p>SVRIS Part 2, as of the end of 2017, has created backup copies of approximately 70% of the 15 million historical records. About 1 million of these records (birth records) have enough data keyed from the images to allow the issuance of short form birth certificates. The team will continue with scanning and capturing data from the historical records and is planning the conversion of the first million records into the SVRIS database. We currently project that all historical records will be scanned by October 2019, all data keying will be completed by November 2021, and all data will be loaded into SVRIS by July 2022.</p> <p>SVRIS Part 2 will add about 30 million total documents (images) to the Vital Records database. In order to manage these images, we plan to implement OnBase, and to this end we plan to have Naviant work with us to create a design and implementation plan within this next year. We are also planning Phase 4 for SVRIS Part 1, so far without a specific implementation schedule. The main goals of this phase are to replace the presentation layer in the VRS product with a current version that uses HTML5 and also to implement new data management functions that will link the Vital Records database to other key DPH databases and allow more standardization of public health data.</p>			
Expected Project Start:	June 2016		
Expected Project Completion:	July 2022		

Application Platform: <i>Indicate all that might apply using the drop-down menu to the right.</i>	Web	
	<i>If "Other" was chosen above, please explain in the cell below.</i>	
Application Type: <i>Indicate all that might apply using the drop-down menu to the right.</i>	COTS	
	Other (please specify)	
	<i>If "Other" was chosen above, please explain in the cell below.</i> SQL Server database, possibly document management software, vendor dependent data capture, display, and record management software	
Business Sponsor:	Lisa Walker	
Division:	DPH	
Is full funding for the project secured? <i>Use drop-down for "Yes" or "No."</i>		Yes
Funding sources for the project:	GPR	\$0
	PR	\$13,000,000
	SEG	\$0
	FED	\$0
Estimated Total Project Cost:		\$13,000,000
Related projects and dependencies: <i>Provide in the space below -- expand if needed.</i>		
SVRIS Part 1 will display and utilize the images created by Part 2 and will issue older certificate either from the images or data captured.		
Issues or challenges that may influence successful execution of the project: <i>Provide in the space below -- expand if needed.</i>		
Procurement of vendors for this type of project can be complex, which could result in a delayed start.		

Please complete the following table with the information for any IT projects expected to cost \$1 million or more. Feel free to expand any cells as needed to contain your information. Copy and paste the table as many times as is needed to accommodate all of your million dollar-plus projects.

Project Name:	Insurance Based Billing Project (Third Party Liability)	
New project or ongoing? Use drop-down menu to the right.	Ongoing	
Project Description: Provide in the space below; expand the cell if needed.		
DHS will build a system to electronically bill insurers for claim payments initially made by Medicaid, but which private insurance appears to be responsible. This system will contribute to efforts to ensure Medicaid is payer of last resort.		
Expected Project Start:	August 2015	
Expected Project Completion:	May 2019	
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Web	
	If "Other" was chosen above, please explain in the cell below.	
Application Type: Indicate all that might apply using the drop-down menu to the right.	Vendor managed/hosted	
	If "Other" was chosen above, please explain in the cell below.	
Business Sponsor:	Tricia LaPlant	
Division:	DMS	
Is full funding for the project secured? Use drop-down for "Yes" or "No."		Yes
Funding sources for the project:	GPR	\$1,440,000
	PR	\$0
	SEG	\$0
	FED	\$12,960,000
Estimated Total Project Cost:		\$14,400,000
Related projects and dependencies: Provide in the space below -- expand if needed.		
Issues or challenges that may influence successful execution of the project: Provide in the space below -- expand if needed.		
State/Vendor resources with extensive third party liability expertise will be needed to successfully implement this project. The costs for this project have increased over the last several months. The original costs were calculated based on the business and functional requirements, and initial design ideas. The actual design is more complex than originally thought, especially related to the translation of the claims into nationally standardized formats. The costs also include a high level estimate to analyze and implement phase 2, which has not		

yet started and will need increased hours worked from the MMIS Fiscal Agent.

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Project Name:	Eligibility and Enrollment Streamlining Project	
New project or ongoing? Use drop-down menu to the right.	Ongoing	
Project Description: Provide in the space below; expand the cell if needed.		
<p>DHS intends to establish a single source of Medicaid (MA) program enrollment information within DHS. A system is needed to meet the DHS business need of centralizing the collection of Member Program Enrollment for Medicaid Waiver programs. Medicaid Management Information System (MMIS) collects Medicaid eligibility and Medicaid managed care enrollment information so DHS will leverage the MMIS to capture the necessary information for Medicaid Waiver programs as well. This project will enhance and create efficiencies for member enrollment and analysis across DHS, for many Medicaid Waiver and long-term care programs to Medicaid managed care programs. The current phase of this project will add the Children's Long Term Support (CLTS) Medicaid Waiver program to the EES Solution.</p>		
Expected Project Start:	April 2016	
Expected Project Completion:	September 2018	
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Web	
	If "Other" was chosen above, please explain in the cell below.	
Application Type: Indicate all that might apply using the drop-down menu to the right.	Vendor managed/hosted	
	Other (please specify)	
	If "Other" was chosen above, please explain in the cell below. Leverage the MMIS/interChange member module, ForwardHealth Portal, define Web services, and identify the interfaces between systems	
Business Sponsor:	Deb Rathermel	
Division:	DMS	
Is full funding for the project secured? Use drop-down for "Yes" or "No."		Yes
Funding sources for the project:	GPR	\$259,000
	PR	\$0
	SEG	\$0
	FED	\$2,333,000
Estimated Total Project Cost:		\$2,592,000
Related projects and dependencies: Provide in the space below -- expand if needed.		
interChange MMIS, Children's Waivers, IRIS (Self-Directed Support) Care Management System.		

Issues or challenges that may influence successful execution of the project: *Provide in the space below -- expand if needed.*

- a. Program area subject matter expert (SME) participation to gather requirements.
- b. Getting skilled resources in a timely manner.
- c. Technical resources at DXC to do development.
- d. Participation of state SME's in UAT testing.
- e. Training waiver agency users and providers.
- f. Conversion of unduplicated member information.

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Project Name:	MMIS Takeover and Enhancement Project	
New project or ongoing? Use drop-down menu to the right.	New for FY 2019	
Project Description: Provide in the space below; expand the cell if needed.		
Execute development and support takeover and enhancement of the Medicaid Management Information System. DXC was awarded the contract to implement people and process to continue to provide development and support services for the MMIS. Also in scope are major enhancements to MMIS.		
Expected Project Start:	Q3 2018	
Expected Project Completion:	Q1 2021	
Application Platform: Indicate all that might apply using the drop-down menu to the right.	Client-Server	
	Virtual	
	Web	
	If "Other" was chosen above, please explain in the cell below.	
Application Type: Indicate all that might apply using the drop-down menu to the right.	Vendor managed/hosted	
	If "Other" was chosen above, please explain in the cell below.	
Business Sponsor:	Krista Willing	
Division:	DMS	
Is full funding for the project secured? Use drop-down for "Yes" or "No."		Yes
Funding sources for the project:	GPR	\$16,871,200
	PR	\$0
	SEG	\$0
	FED	\$69,190,400
Estimated Total Project Cost:		\$86,061,600
Related projects and dependencies: Provide in the space below -- expand if needed.		
MITA Assessment and MMIS Procurement Project		
Issues or challenges that may influence successful execution of the project: Provide in the space below -- expand if needed.		
a. Staff resources.		
b. Competing projects.		